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## TRANSMITTAL FORM

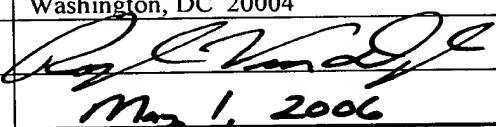
(to be used for all correspondence after initial filing)

		Application Number	09/852,033
		Filing Date	May 10, 2001
		First Named Inventor	Guoping ZHANG
		Group Art Unit	2859
		Examiner Name	Tiffany A. FETZNER
Total Number of Pages in This Submission		Attorney Docket Number	031884-001000

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group		
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Replacement Drawings (6 sheets)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences		
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Declaration and Power of Attorney	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Proprietary Information		
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> PETITION	<input type="checkbox"/> Status Letter		
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Application Data Sheet		
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Other Enclosure(s) (please identify below):		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application.	<input type="checkbox"/> CD, Number of CD(s) _____			
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53				
<table border="1"> <tr> <td>Remarks</td> <td><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.</td> </tr> </table>			Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.
Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.			

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Raymond Van Dyke, Reg. No. 34,746 Nixon Peabody LLP 401 9 <sup>th</sup> Street Suite 900 Washington, DC 20004
Signature	
Date	May 1, 2006

### CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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Docket No.: 031884-1000

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT Application of: ) Examiner: Tiffany A. Fetzner  
Guoping ZHANG et al. ) ) Group Art Unit: 2859  
Serial No.: 09/852,033 ) ) Confirmation No.: 7868  
For: DYNAMIC REAL-TIME MAGNETIC ) ) Date: *May 1, 2006*  
RESONANCE IMAGING SEQUENCE )  
DESIGNER )

**SUBMISSION OF REPLACEMENT FORMAL DRAWINGS  
IN RESPONSE TO NOTICE OF ALLOWABILITY**

Mail Stop  
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Sir:

In response to the Notice of Allowability dated February 28, 2006, submitted herewith are six (6) sheets of replacement formal drawings, consisting of Figures 15A, 15B, and 16A-16D, for filing in the subject application.

Respectfully submitted,



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